SCHEDULE B (FEC Form 3X)

		Use seperate schedule(s)	()	(check of			:	P	PAGE 16 / 20			
Τ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	Ė		X 23 28b	24 28c	Н	25 29	26 30	
	y Information copied from such Reports and Statem for commercial purposes, other than using the name											
OI	NAME OF COMMITTEE (In Full)	e and address of any politica	ai Comi	TIILLEE LO	SOIICI	CONTIND	ulions m	JIII SUCII	COITII	iiiiee		_
\rangle	Marijuana Policy Project Medical Marijuana	a PAC or MPP Medical	Mariju	uana P <i>i</i>	AC							
	Full Name (Last, First, Middle Initial)							SB23.5	927			
٠.	Friends of Farr						Disburse / D		v · v	V	V	
	Mailing Address 555 Capitol Mall Suite 1425					0 ^M 3 ^M	2	21 /	2	0 ŏ 7		
	,	State Zip Code amento CA 95814						Disburse	emen	t this P	eriod	
	Purpose of Disbursement	OA 93014							1	0.00	0	
	Candidate Name		1	tegory/ Гуре								
	The state of the s	ement For: 2008 Primary General										
	President	Other (specify)										
	State: CA District: 17											_
3.	Full Name (Last, First, Middle Initial)							SB23.5	896			
.	FRIENDS OF LOIS CAPPS					Date of	Disburse / D		ΥΥ	Y	Υ	
	Mailing Address PO Box 23940						2	2 9 /	2	0 ŏ 7		
	,	State Zip Code CA 93121				Amount	of Each	Disburse	emen	t this P	eriod	
	Purpose of Disbursement	OA 93121							1	0.00	0	
	Candidate Name			tegory/ Гуре								
		ement For: 2008 Primary General										
	President	Other (specify)										
	State: CA District: 23											_
Э.	Full Name (Last, First, Middle Initial) FRIENDS OF MAURICE HINCHEY						ction ID: Disburse	SB23.5 ement	893			
	Mailing Address PO Box 4497					0 ^M 6 M	[/] 2	9 /	ž	0 ŏ 7	Y	
		State Zip Code NY 12402				Amount	of Each	Disburse	emen	t this P	eriod	_
	Purpose of Disbursement								2	0.000	0	
	Candidate Name			tegory/ Гуре								
		ement For: 2008		<u> </u>								
		Primary General										
	State: NY District: 22	Other (specify)										
s	UBTOTAL of Disbursements This Page (optional) .			•	•				4	0.000	0	_
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T	OTAL This Period (last page this line number only)				•							